

NOV 12 2010

Doc Code: PET.POA.WDRW

PTO/SB/83 (11-08)

Document Description: Petition to withdraw attorney or agent (SB83)

Approved for use through 11/30/2011 OMB 0851-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/645.855
	Filing Date	August 22, 2003
	First Named Inventor	Bandu WEWALAARACHCHI
	Art Unit	2457
	Examiner Name	M. Davenport
	Attorney Docket Number	496332000300

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners of record associated with Customer Number: 25227

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond

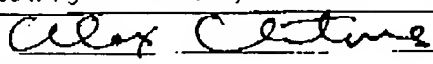
Please provide an explanation, if necessary:

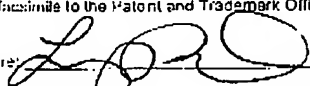
The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

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Supplemental Sheet for PTO/SB/83 (11-08)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS					
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.					
Change the correspondence address and direct all future correspondence to:					
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number. _____					
OR					
B. <input checked="" type="checkbox"/> Inventor or Assignee Name Eutech Cybernetics Pte Ltd.					
Address Blk 55, Ayer Rajah Crescent #04-01/07					
City Singapore		State		Zip 139949	Country REPUBLIC OF SINGAPORE
Telephone 011-65-778-7995		Email bandu@ecyber.com			
I am authorized to sign on behalf of myself and all withdrawing practitioners.					
Signature 					
Name Alex Chartove		Registration No.		31,942	
Address Morrison & Foerster LLP 1650 Tysons Blvd, Suite 400					
City McLean		State VA		Zip 22102	Country US
Date November 12, 2010		Telephone No. (703) 760-7744			
NOTE: Withdrawal is effective when approved rather than when received.					

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: November 12, 2010	Signature:  (Lindsay Seydel)

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